

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Peter BETZ et al.

Serial No.: 09/914,937

Filed: November 8, 2001

For: Sol-Gel Coating for Single-Layer or  
Multi-Layer Varnishes

Docket No.: IN-5513

Group Art Unit: 1714

Examiner: Edward J. Cain

I hereby certify that the attached correspondence is being transmitted  
via facsimile addressed to Commissioner for Patents, PO BOX 1450,  
Alexandria, VA 22313-1450, on the date shown below to facsimile  
number 1-703-872-9306.

10-6-04  
Date

Michael Morgan

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Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL SHEET

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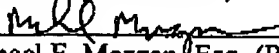
## CONDITIONAL PETITION FOR EXTENSION OF TIME

Applicant believes that no extension of time is required. This conditional petition of time is being made, however, to provide for the possibility that applicants have inadvertently overlooked the need for a petition for extension of time. In this event, please charge Deposit Account 23-3425 the necessary extension of time fees. This document is submitted in duplicate.

## AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT

The Director - U.S. Patent and Trademark Office is hereby authorized to charge Deposit Account 23-3425 any fees necessary for entry of any of the above listed documents. This document is submitted in duplicate.

Respectfully submitted,

  
Michael F. Morgan, Esq. (Reg. No. 42,906)  
(248) 948-2355

BASF Corporation  
26701 Telegraph Road  
Southfield, MI 48034-2442

Date: 6 October 2004

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Southfield, MI 48034-2442

Date: 6 October 2004

|  |                          |                  |
|--|--------------------------|------------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2004<br>Patent fees are subject to annual revision. | Application Number       | 09/914,937       |
|  | Filing Date              | November 8, 2001 |
|  | First Named Inventor     | Peter BETZ       |
|  | Examiner Name            | Edward J. Cain   |
|  | Art Unit                 | 1714             |
|  | Attorney Docket No.      | IN-5513          |
|  | Express Mail Certificate |                  |
| Customer Number  | 26922                    |                  |

|   |  |
|---|--|
| <b>TOTAL AMOUNT OF PAYMENT</b> \$110.00   |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)<br><input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Check  |  |
| Deposit Account Number <b>02-1201</b><br>Deposit Account Name <b>BASF CORPORATION</b>   |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Change fees indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account |  |
| <b>FEE CALCULATION</b>  |  |
| <b>1. BASIC FILING FEE</b>  |  |
| Large Entity  |  |
| Fee Code  | Fee Description  |
| 1001 740  | Utility filing fee   |
| 1002 340  | Design filing fee  |
| 1003 530  | Plant filing fee   |
| 1004 770  | Reissue filing fee   |
| 1005 160  | Provisional filing fee   |
| SUBTOTAL (1) \$   |  |
| <b>2. EXTRA CLAIM FEES</b>  |  |
| Extra Claims  | Fee from below   |
| Total Claims <input type="text"/> -20** = <input type="text"/> x <input type="text"/> 18 =  | \$   |
| Independent Claims <input type="text"/> -3** = <input type="text"/> 0 x <input type="text"/> 84 =   | \$   |
| Multiple Dependent  | 280 =  |
| **Or number previously paid, if greater: For Reissues, see below  |  |
| Large Entity  |  |
| Fee Code  | Fee Description  |
| 1202 18   | Claims in excess of 20   |
| 1201 86   | Independent claims in excess of 3  |
| 1203 290  | Multiple dependent claims, if not paid                                     |
| 1204 86   | **Reissue independent claims over original patent                          |
| 1205 18   | **Reissue claims in excess of 20 and over original patent                  |
| SUBTOTAL (2) \$   |  |
| **or number previously paid, if greater: For Reissues, see above  |  |
| <b>3. ADDITION FEES</b>   |  |
| Large Entity  | Fee Description  |
| Fee Code  | Fee (\$)   |
| 1051 130  | Surcharge -late filing fee or oath   |
| 1052 50   | Surcharge-late provisional fee or Cover sheet                              |
| 1053 130  | Non-English specification  |
| 1812 2,520  | For filing a request for ex parte reexamination                            |
| 1804 920*   | Requesting publication of SIR prior to Examiner action                     |
| 1850 1,840*   | Requesting publication of SIR after Examiner action                        |
| 1251 110  | Extension for reply within first month                                     |
| 1252 420  | Extension for reply within second month                                    |
| 1253 950  | Extension for reply within third month                                     |
| 1254 1,480  | Extension for reply within fourth month                                    |
| 1255 2,010  | Extension for reply within fifth month                                     |
| 1401 330  | Notice of Appeal   |
| 1402 330  | Filing a brief in support of an appeal                                     |
| 1403 290  | Request for oral hearing   |
| 1451 1,510  | Petition to institute public use proceeding                                |
| 1452 110  | Petition to revive-unavoidable   |
| 1453 1,330  | Petition to revive-unintentional   |
| 1501 1,330  | Utility issue fee (or reissue)   |
| 1502 480  | Design issue fee   |
| 1503 640  | Plant issue fee  |
| 1460 130  | Petitions to the Commissioner  |
| 1807 50   | Processing fee under 37 CFR 1.17(c)  |
| 1806 180  | Submission information Disclosure Stmt                                     |
| 8021 40   | Recording each patent assignment per property (times number of properties) |
| 1809 770  | Filing a submission after final rejection (37 CFR 1.129(a))                |
| 1810 770  | For each additional invention to be examined (37 CFR 1.129(b))             |
| 1801 770  | Request for Continued Examination (RCE)                                    |
| 1802 900  | Request for expedited examination of a design application                  |
| 1814 110  | Statutory Disclaimer   |
| Other fee (specify) _____   |  |
| Reduced by Basic Filing Fee Paid  |  |
| SUBTOTAL (3) \$110  |  |
| Country   | USA  |
| Telephone   | (248) 948-2355   |
| Fax   | (248) 948-2093   |
| Name (print Type)   | Michael Morgan   |
| Registration No. (Attorney Agent)   | 42906  |

|  |                          |                  |
|--|--------------------------|------------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2004<br>Patent fees are subject to annual revision. | Application Number       | 09/914,937       |
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|  | First Named Inventor     | Peter BETZ       |
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|  | Art Unit                 | 1714             |
|  | Attorney Docket No.      | IN-5513          |
|  | Express Mail Certificate |                  |
| Customer Number  | 26922                    |                  |

| <b>TOTAL AMOUNT OF PAYMENT</b> \$110.00   |  |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|---|--|----------------|--|---|-----------------|--------------------|---|----------|-------------------|------------------------------------|----------|------------------|------|----------|--|----|----------|------------------------|-----|---------------------------|--|-------|--------|----------|---|-----------------|--|------|------|--|------------------------|--|------|--------|---|-----------------------------------|--|------|------|--|--|--|------|------|---|---|--|------|------|--|---|---------------------|------|-------|---|----|--|------|-------|--|--|--|------|-----|------------------|--|--|------|-----|--|--|--|------|-----|--------------------------|--|--|------|-------|---|--|--|------|-----|--------------------------------|--|--|------|-------|----------------------------------|--|--|------|-------|--------------------------------|--|--|------|-----|------------------|--|--|------|-----|-----------------|--|--|------|-----|-------------------------------|--|--|------|----|-------------------------------------|--|--|------|-----|--|--|--|------|----|--|--|--|------|-----|---|--|--|------|-----|--|--|--|------|-----|---|--|--|------|-----|---|--|--|------|-----|----------------------|-----|
| <b>METHOD OF PAYMENT</b> (check all that apply)<br><input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Check<br>Deposit Account Number <b>02-1201</b><br>Deposit Account Name <b>BASF CORPORATION</b><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Change fees indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below except for the filing fee to the above-identified deposit account   |  |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| <b>FEE CALCULATION</b>  |  |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| <b>1. BASIC FILING FEE</b><br>Large Entity<br><table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee Description</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001 740</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002 340</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 530</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 770</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td>\$</td> </tr> </tbody> </table>   |  | Fee Code       | Fee Description  | Fee (\$)  | 1001 740        | Utility filing fee | \$  | 1002 340 | Design filing fee |                                    | 1003 530 | Plant filing fee |      | 1004 770 | Reissue filing fee   |    | 1005 160 | Provisional filing fee |     | <b>SUBTOTAL (1)</b>       |  | \$    |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Fee Code  | Fee Description  | Fee (\$)       |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| 1001 740  | Utility filing fee   | \$             |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| 1002 340  | Design filing fee  |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| 1003 530  | Plant filing fee   |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| 1004 770  | Reissue filing fee   |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| 1005 160  | Provisional filing fee   |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| <b>SUBTOTAL (1)</b>   |  | \$             |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Extra</th> <th>Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><input type="text"/> -20** = <input type="text"/> x <input type="text"/> 18 =</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Claims</td> <td><input type="text"/> -3** = <input type="text"/> 0 x <input type="text"/> 84 =</td> <td>\$</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>280 =</td> <td></td> </tr> </tbody> </table> <p>**Or number previously paid if greater. For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1202</td> <td>18</td> <td>Claims in excess of 20</td> </tr> <tr> <td></td> <td></td> <td>1201</td> <td>86</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td></td> <td></td> <td>1203</td> <td>290</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td></td> <td></td> <td>1204</td> <td>86</td> <td>**Reissue Independent claims over original patent</td> </tr> <tr> <td></td> <td></td> <td>1205</td> <td>18</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td>\$</td> </tr> </tbody> </table> <p>**or number previously paid, if greater. For Reissues, see above</p>   |  | Extra          | Claims   | Fee from below  | Fee Paid        | Total Claims       | <input type="text"/> -20** = <input type="text"/> x <input type="text"/> 18 = | \$       |                   | Independent                        |          |                  |      | Claims   | <input type="text"/> -3** = <input type="text"/> 0 x <input type="text"/> 84 = | \$ |          | Multiple Dependent     |     | 280 =                     |  | Large | Entity | Fee Code | Fee (\$)  | Fee Description |  |      | 1202 | 18   | Claims in excess of 20 |  |      | 1201   | 86  | Independent claims in excess of 3 |  |      | 1203 | 290                                    | Multiple dependent claims, if not paid |  |      | 1204 | 86                                      | **Reissue Independent claims over original patent |  |      | 1205 | 18                                     | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |      |       |   | \$ |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Extra   | Claims   | Fee from below | Fee Paid   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Total Claims  | <input type="text"/> -20** = <input type="text"/> x <input type="text"/> 18 =  | \$             |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Independent   |  |                |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Claims  | <input type="text"/> -3** = <input type="text"/> 0 x <input type="text"/> 84 = | \$             |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Multiple Dependent  |  | 280 =          |  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| Large   | Entity   | Fee Code       | Fee (\$)   | Fee Description   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   |  | 1202           | 18   | Claims in excess of 20                                    |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   |  | 1201           | 86   | Independent claims in excess of 3                         |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   |  | 1203           | 290  | Multiple dependent claims, if not paid                    |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   |  | 1204           | 86   | **Reissue Independent claims over original patent         |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   |  | 1205           | 18   | **Reissue claims in excess of 20 and over original patent |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| <b>SUBTOTAL (2)</b>   |  |                |  | \$  |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
| <b>3. ADDITION FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>1051</td> <td>130</td> <td>Surcharge -late filing fee or oath</td> <td></td> </tr> <tr> <td></td> <td>1052</td> <td>50</td> <td>Surcharge-late provisional fee or Cover sheet</td> <td></td> </tr> <tr> <td></td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td></td> <td>1812</td> <td>2 520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td></td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td></td> <td>1850</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td></td> <td>1251</td> <td>110</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td></td> <td>1252</td> <td>420</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td></td> <td>1253</td> <td>950</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td></td> <td>1254</td> <td>1,480</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td></td> <td>1255</td> <td>2,010</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td></td> <td>1401</td> <td>330</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td></td> <td>1402</td> <td>330</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td></td> <td>1403</td> <td>290</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td></td> <td>1451</td> <td>1,510</td> <td>Petition to institute public use proceeding</td> <td></td> </tr> <tr> <td></td> <td>1452</td> <td>110</td> <td>Petition to revive-unavoidable</td> <td></td> </tr> <tr> <td></td> <td>1453</td> <td>1,330</td> <td>Petition to revive-unintentional</td> <td></td> </tr> <tr> <td></td> <td>1501</td> <td>1,330</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td></td> <td>1502</td> <td>480</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td></td> <td>1503</td> <td>640</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td></td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td></td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td></td> <td>1806</td> <td>180</td> <td>Submission information Disclosure Stmt</td> <td></td> </tr> <tr> <td></td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td></td> <td>1809</td> <td>770</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td></td> <td>1810</td> <td>770</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td></td> <td>1801</td> <td>770</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td></td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td></td> <td>1814</td> <td>110</td> <td>Statutory Disclaimer</td> <td>110</td> </tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>Reduced by Basic Filing Fee Paid</p> <p><b>SUBTOTAL (3)</b> \$110</p> |  | Large Entity   | Fee Code   | Fee (\$)  | Fee Description | Fee Paid           |   | 1051     | 130               | Surcharge -late filing fee or oath |          |                  | 1052 | 50       | Surcharge-late provisional fee or Cover sheet                                  |    |          | 1053                   | 130 | Non-English specification |  |       | 1812   | 2 520    | For filing a request for ex parte reexamination |                 |  | 1804 | 920* | Requesting publication of SIR prior to Examiner action |                        |  | 1850 | 1,840* | Requesting publication of SIR after Examiner action |                                   |  | 1251 | 110  | Extension for reply within first month |  |  | 1252 | 420  | Extension for reply within second month |   |  | 1253 | 950  | Extension for reply within third month |   |                     | 1254 | 1,480 | Extension for reply within fourth month |    |  | 1255 | 2,010 | Extension for reply within fifth month |  |  | 1401 | 330 | Notice of Appeal |  |  | 1402 | 330 | Filing a brief in support of an appeal |  |  | 1403 | 290 | Request for oral hearing |  |  | 1451 | 1,510 | Petition to institute public use proceeding |  |  | 1452 | 110 | Petition to revive-unavoidable |  |  | 1453 | 1,330 | Petition to revive-unintentional |  |  | 1501 | 1,330 | Utility issue fee (or reissue) |  |  | 1502 | 480 | Design issue fee |  |  | 1503 | 640 | Plant issue fee |  |  | 1460 | 130 | Petitions to the Commissioner |  |  | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  |  | 1806 | 180 | Submission information Disclosure Stmt |  |  | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  |  | 1809 | 770 | Filing a submission after final rejection (37 CFR 1.129(a)) |  |  | 1810 | 770 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  | 1801 | 770 | Request for Continued Examination (RCE) |  |  | 1802 | 900 | Request for expedited examination of a design application |  |  | 1814 | 110 | Statutory Disclaimer | 110 |
| Large Entity  | Fee Code   | Fee (\$)       | Fee Description  | Fee Paid  |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1051   | 130            | Surcharge -late filing fee or oath   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1052   | 50             | Surcharge-late provisional fee or Cover sheet                              |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1053   | 130            | Non-English specification  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1812   | 2 520          | For filing a request for ex parte reexamination                            |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1804   | 920*           | Requesting publication of SIR prior to Examiner action                     |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1850   | 1,840*         | Requesting publication of SIR after Examiner action                        |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1251   | 110            | Extension for reply within first month                                     |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1252   | 420            | Extension for reply within second month                                    |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1253   | 950            | Extension for reply within third month                                     |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1254   | 1,480          | Extension for reply within fourth month                                    |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1255   | 2,010          | Extension for reply within fifth month                                     |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1401   | 330            | Notice of Appeal   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1402   | 330            | Filing a brief in support of an appeal                                     |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1403   | 290            | Request for oral hearing   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1451   | 1,510          | Petition to institute public use proceeding                                |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1452   | 110            | Petition to revive-unavoidable   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1453   | 1,330          | Petition to revive-unintentional   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1501   | 1,330          | Utility issue fee (or reissue)   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1502   | 480            | Design issue fee   |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1503   | 640            | Plant issue fee  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1460   | 130            | Petitions to the Commissioner  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1807   | 50             | Processing fee under 37 CFR 1.17(q)  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1806   | 180            | Submission information Disclosure Stmt                                     |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 8021   | 40             | Recording each patent assignment per property (times number of properties) |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1809   | 770            | Filing a submission after final rejection (37 CFR 1.129(a))                |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1810   | 770            | For each additional invention to be examined (37 CFR 1.129(b))             |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1801   | 770            | Request for Continued Examination (RCE)                                    |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1802   | 900            | Request for expedited examination of a design application                  |   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
|   | 1814   | 110            | Statutory Disclaimer   | 110   |                 |                    |   |          |                   |                                    |          |                  |      |          |  |    |          |                        |     |                           |  |       |        |          |   |                 |  |      |      |  |                        |  |      |        |   |                                   |  |      |      |  |  |  |      |      |   |   |  |      |      |  |   |                     |      |       |   |    |  |      |       |  |  |  |      |     |                  |  |  |      |     |  |  |  |      |     |                          |  |  |      |       |   |  |  |      |     |                                |  |  |      |       |                                  |  |  |      |       |                                |  |  |      |     |                  |  |  |      |     |                 |  |  |      |     |                               |  |  |      |    |                                     |  |  |      |     |  |  |  |      |    |  |  |  |      |     |   |  |  |      |     |  |  |  |      |     |   |  |  |      |     |   |  |  |      |     |                      |     |
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